



APPLICATION FOR VOLUNTARY ANNEXATION

APPLICATION NO.: _____

DATE FILED: _____

APPLICATION FEE: \$500.00

(plus hourly Attorney, Consulting, and Engineering fees reimbursed as billed.)

Note: All applications must be accompanied with a complete, legible copy of the legal description of the property and a map identifying the subject property in relation to the City of Macclenny municipal boundary line.

1. Name and address of the owner as shown in the public records of Baker County:

2. Owner's daytime phone number: () - Fax number: () -

3. Complete property address: _____

4. Between streets : _____ and _____

5. Property Appraiser's real estate number(s): _____

6. Lot _____ Block _____ Subdivision _____

7. Existing zoning district classification: _____

8. Existing property use(s): _____

9. Total land area (acres): _____

10. Zoning district classification requested: _____

11. Reasons why annexation petition is being made: _____

12. Owner Authorization

I hereby affirm that I am the owner of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this annexation application is completed and duly attached and, furthermore, if the application is found to be lacking the above requirements, I understand that the application will be returned for correct information.

Signature of Owner(s)

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed before me this ___ day of _____, 20___.

Signature of Notary

Print, Type or Stamp Commissioned

Personally Known _____ or produced identification _____

Type of Identification Produced: _____